


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445145	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0102 B. WING _____		(X3) DATE SURVEY COMPLETED 04/12/2010
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <ul style="list-style-type: none"> a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. <p>19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the doors.</p> <p>The findings included:</p> <p>During the facility tour on 4/12/10 the following deficiencies were noted and verified by the Director of Maintenance.</p> <p>At 9:05 AM, observation of the copy room revealed the door was being held open with a peg. National Fire protection Association (NFPA). 101, 7.2.1.8.1</p>	K 021	<p>K 021 NFPA 101, 7.2.1.8.1</p> <p>The copy room door will not be propped open when not in use.</p> <p>Residents Affected: No specific residents were identified.</p> <p>Residents Potentially Affected: Residents of the facility have the potential to be affected by the cited deficient practice. The peg was removed from the copy room door. A sign was posted on the door stating that it is to be closed when not in use. Front office staff will be inserviced on the importance of not propping this door open.</p> <p>Systemic Measures: The peg was removed from the copy room door. A sign was posted on the door stating that it is to be closed when not in use. Front office staff will be inserviced on the importance of not propping this door open.</p> <p>Monitoring Changes: The Executive Director and front office staff will observe during routine rounds/observation, that this door remains closed when not in use.</p>	5/12/10	
K 050 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under</p>	K 050			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X9) DATE
	Executive Director	4/28/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050	Continued From page 1 varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to train the staff in fire drills. The findings included: During the facility tour on 4/12/10 the following deficiencies were noted and verified by the director of maintenance. At 9:40 AM, observation during the fire drill revealed the staff did to activate the alarm system as required. National Fire protection Association (NFPA). 101, 7.2.3	K 050	K 050 NFPA 101, 7.2.3 Staff will be trained in fire drills. Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the potential to be affected by the cited deficient practice. The Maintenance Staff will conduct fire drills to instruct staff on the proper response to a fire in the building. Systemic Measures: The Maintenance Staff will conduct fire drills to instruct staff on the proper response to a fire in the building. Monitoring Changes: The Executive Director will review each fire drill summary x 3 months. Any deficient fire drill will be repeated and education of staff will be performed by the Maintenance staff conducting the drill. Results of the reviews will be part of the monthly QA&A x 3 months.	5/12/10	
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire extinguishers.	K 064	K 064 101, 9.7.4.1. & 19.3.5.6. NFPA 10 Fire extinguishers will be checked according to NFPA standards. Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the potential to be affected by the cited deficient practice. The Maintenance Staff will inspect all fire extinguishers in the building and update the inspection cards. The equipment blocking the fire extinguisher in the kitchen was removed. Dietary staff will be	5/12/10	

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K 064	Continued From page 2 The findings included: During the facility tour on 4/12/10 the following deficiencies were noted and verified by the Director of Maintenance. At 9:25 AM, observation of the therapy room revealed the fire extinguisher was not checked in February and March of 2010. National Fire protection Association (NFPA). 10, 4.3.1 At 10:00 AM< observation of the kitchen, the nurses station secured unit , and the AACUnurses station revealed the fire extinguishers were blocked with equipment. NFPA 10, 1.6.3	K 064	inserviced on the importance of keeping the area around fire extinguishers clear of equipment and other obstructions. Systemic Measures: The Maintenance Staff will inspect all fire extinguishers in the building and update the inspection cards. The equipment blocking the fire extinguisher in the kitchen was removed. Dietary staff will be inserviced on the importance of keeping the area around fire extinguishers clear of equipment and other obstructions. Monitoring Changes: The Executive Director will monitor that the fire extinguishers are checked monthly and are clear of obstruction x 3 months during routine rounds in the kitchen. Results of the Dietary Dept. reviews will be part of the monthly QA&A x 3 months.		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the HVAC system. The findings included: During the facility tour on 4/12/10 the following deficiencies were noted and verified by the Director of Maintenance. At 11:00 AM, observation of the kitchen dry	K 067	K 067 NFPA 101, 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Chemicals will be stored in a room with an exhaust fan. Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the potential to be affected by the cited deficient practice. The chemicals were removed form the dry storage area. Dietary staff was inserviced on the importance of not storing chemicals in the dry storage area or where there is no exhaust fan. Systemic Measures: The chemicals were removed form the dry storage area. Dietary staff was inserviced on the importance		5/12/10

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K 067	Continued From page 3 storage room revealed chemicals stored in the room and no exhaust fan. National Fire Protection Association (NFPA). 101, 19.5.2.1	K 067	of not storing chemicals in the dry storage area or where there is no exhaust fan.		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the life safety codes. The findings included: During the facility tour on 4/12/10 the following deficiencies were noted and verified by the Director of Maintenance. At 9:35 AM, observation of the B hall closet revealed a cylinder of oxygen not secured. National Fire Protection Association (NFPA). 55, 6-6	K 130	Monitoring Changes: The Executive Director will monitor that no chemicals are stored in the dry storage area x 3 months during routine rounds in the kitchen. Results of the Dietary Dept. reviews will be part of the monthly QA&A x 3 months. K 130 NFPA 55,6-6		5/12/10
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the no smoking signs. The findings included: During the facility tour on 4/12/10 the following	K 141	Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the potential to be affected by the cited deficient practice. Staff will be inserviced on the importance of securing oxygen cylinders. Systemic Measures: Staff will be inserviced on the importance of securing oxygen cylinders. Management staff will be instructed to check for secured/unsecured oxygen cylinders during non-clinical rounds. Monitoring Changes: Management staff will check for secured/unsecured oxygen cylinders during routine non-clinical rounds. K 141 NFPA 101 19.3.2.4 NFPA 99, 8.6.4.2		5/12/10

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K 141	Continued From page 4 deficiencies were noted and verified by the Director of Maintenance.	K 141	Smoking sign was placed at the door of the B Hall storage room where the oxygen was stored. Staff has been inserviced on the importance of posting No Smoking signs where oxygen is used or stored. Systemic Measures: A No Smoking sign was placed at the door of the B Hall storage room where the oxygen was stored. Staff has been inserviced on the importance of posting No Smoking signs where oxygen is used or stored.		5/12/10
K 147 SS=E	At 9:37 AM, observation of the B hall storage room revealed oxygen stored in the room and no precautionary sign posted. National Fire Protection Association (NFPA). 99, 8.6.4.2 NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical system. The findings included: During the facility tour on 4/12/10 the following deficiencies were noted and verified by the Director of Maintenance. At 9:10 AM, observation of the Human Resource Office revealed an extension cord being used. National Fire protection Association (NFPA). 70. 240-4 At 9:15 AM, observation of the storage closet by the conference room revealed an electrical outlet cover was missing. NFPA 70, 110-12 At 9:30 AM, observation of the clean utility room and the A wing shower revealed broken light covers. NFPA 70, 110-12 At 9:55 AM, observation of the laundry area revealed an electrical panel was blocked with	K 147	Monitoring Changes: The Central Supply clerk will monitor that No Smoking signs are placed wherever oxygen is used or stored, during routine rounds. K 147 NFPA 70 NEC 9.1.2 The facility will maintain the electrical system in accordance with NFPA and NEC standards. Residents Affected: No specific residents were identified. Residents Potentially Affected: Residents of the facility have the potential to be affected by the cited deficient practice. The extension cord in the HR office was removed. The electrical outlet cover in the storage closet by the conference room has been replaced. The light covers in both the A Wing shower room and the Clean Utility Room have been replaced. Yellow tape has been placed on the floor around the electrical panels and staff made aware to not place items within the taped area, so as not to block the electrical panels. An electrician has been contacted to correct the gaps in the electrical panels in the dietary. Maintenance has replaced the receptacles in the Dietary Dept. with GFI receptacles.		

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K 147	Continued From page 5 equipment. NFPA 70, 110-26(a) At 10:05 AM, observation of the kitchen revealed open spaces in an electrical panel. NFPA 70, 110-10(a) At 10:07 AM, observation of the kitchen area revealed not all of the electrical outlets were ground fault circuit interrupters (GFCI). NFPA 70, 517-20	K 147	Systemic Measures: The extension cord in the HR office was removed. The electrical outlet cover in the storage closet by the conference room has been replaced. The light covers in both the A Wing shower room and the Clean Utility Room have been replaced. Yellow tape has been placed on the floor around the electrical panels and staff made aware to not place items within the taped area, so as not to block the electrical panels. An electrician has been contacted to correct the gaps in the electrical panels in the dietary. Maintenance has replaced the receptacles in the Dietary Dept. with GFI receptacles. Monitoring Changes: The Executive Director will review each of the Systemic Changes to verify that they have been completed. He will also observe for continued compliance x 3 months during routine rounds in the kitchen. Results of the Dietary Dept. reviews will be part of the monthly QA&A x 3 months.		

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